	-		1	T	II NO RDIVI /OA RIDO Z/ I/OI
Field	Char	Len	Begin	End	Comment/Decode
REC	Alpha	12	1	12	NSCHRDM = NS Child RDM
Comp	Alpha	3	13	15	085= ValueOptions
Case	Alpha	10	16		NorthSTAR ID
Batch_No	Alpha	2	26	27	Assigned by the component for cross-ref (VO probably
					leaves blank)
Trans_enter_dt	Num	8	28	35	Date file was created and sent to NS (VO system date)
Traine_enter_est					
Lastup_ID	Alpha	8	36	43	User ID of person who entered the transaction on the
	,p			.0	component's system (VO probably leaves blank)
					probably reasons blanky
Log_Trans_no	Alpha	6	44	49	Used as sort for processing order. Use leading zeros
Log_Trans_no	Аірпа	"		73	osca as sort for processing order. Osc leading zeros
ID	Alpha	10	50	59	CARE ID (FILLER VO will leave blank.)
Last nm	Alpha	16	60	75	Client's last name
LAST SUF	Alpha	3	76	78	client's name suffix 'JR.', 'SR.', 'I', 'II', Etc.
FIRSTNM		11	76	89	Client's first name
	Alpha				
MIDNM	Alpha	1	90	90	Client's middle initial
filler		9	91		filler
ASSESS_TYPE	Alpha	1	100	100	"Assessment Type: Intake, Update and Discharge" on
					form. Decodes are: I=Intake; U=Update, D=Discharge,
ACTION_CD	Alpha	1	101	101	Must be A for 'Add'
TERM_REAS	Alpha	1	102	102	"Assessment Type: Reason for discharge" on form.
					Acceptable Values: A = "Age 18 or Older", C = "Level
					of Care services complete", J = "Texas Youth
					Commission", M = "Moved out of local service area," N
					= "Never returned for services within authorized service
					period, not to exceed 90 days", Z = "Other", 1 =
					"Satisfactory re-unification with custodial family", 2 =
					"Placed in psychiatric residential treatment", 3 =
					"Parental relinquishment of custody", 4 = " Court
					ordered juvenile justice placement", and 5 = "Other -
					For LOC 3 Movement". X='Auto-close'
					1 of 200 o Movement . X= Xate close
EFF_DT	Num	8	103	110	Discharge date: Required entry only if assessment type
	l vaiii		100	' ' '	is Discharge - Assess_type = D
REFER_SRC	Alpha	1	111	111	"Intake: Referral Source" checkbox on form. Identifies
TIEL ET STO	Λίριτα	'	111	' ' '	code of the source that first prompted or suggested the
					, , ,
					referral. Acceptable values: 1 - Family or Self, 2 -
					School, 3 - Juvenile Probation, 4 - TYC, 5 - CPS, 6 -
					From another division within the center -
					MR/SA/Emergency Services, 7 - TDMHMR facility, 8 -
DI AGE DIGIT	<b> </b>		4		Other, 9 - Unknown.
PLACE_RISK	Alpha	1	112	112	"At Risk of Placement" checkbox on form. Indicates if
					child is at risk of placement. Acceptable values: Y -
					Yes, N - No. Default is N

Field	Cha:	1 6 35	Do!	F	Commont/Docado
Field	Char				Comment/Decode
SPEC_EDUC	Alpha	1	113	113	"ED (Special Education)" checkbox on form. Indicates if child is designated special education by the school because of emotional disturbance. Acceptable values: Y - Yes, N - No. Default is N
OHIO_PROB_PARENT	Alpha	3	114		"Parent Ohio Problem Severity Scale Score" on form. Acceptable values are 0 - 100 or blank (Score not reported)
OHIO_FUNC_PARENT	Alpha	2	117	118	"Parent Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80 or blank (Score not reported)
OHIO_PROB_YOUTH	Alpha	3	119	121	"Youth Ohio Problem Severity Scale Score" on form.  Acceptable values are 0 - 100 or blank (Score not reported)
OHIO_FUNC_YOUTH	Alpha	2	122	123	"Youth Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80 or blank (Score not reported)
OHIO_PROB_WORKER	Alpha	3	124	126	"Worker Ohio Problem Severity Scale Score" on form. Acceptable values are 0 - 100 or blank (Score not reported)
OHIO_FUNC_WORKER	Alpha	2	127	128	"Worker Ohio Functioning Scale Score" on form. Acceptable values are 0 - 80 or blank (Score not reported)
DANGR_SELF_CUR	Alpha	1	129	129	"Risk of Self-Harm" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
DANGER_OTH_CUR	Alpha	1	130	130	"Severe Disruptive or Aggressive Behavior" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
FAM_PROBS_CUR	Alpha	1	131	131	"Family Resources" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
MH_SUBS_TREAT_CUR	Alpha	1	132	132	"History of Psychiatric Treatment" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
ALC_DRG_USE_CUR	Alpha	1	133	133	"Co-occurring Substance Use" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
JUY_JUS_INV_CUR	Alpha	1	134	134	"Juvenile Justice Involvement" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
SCHOOL_PROBS_CUR	Alpha	1	135	135	"School Behavior" CA-TRAG Dimension Rating on form. Acceptable values are 1-5.
PSYCH_MED_TRT	Alpha	1	136	136	"Psychoactive Medication Treatment" CA-TRAG Dimension Rating on form. Acceptable values are Y or N. (Default is N)

					II NO NOW /OA NIDO Z/ I/O/
Field	Char	Len			Comment/Decode
DEST_REF	Alpha	2	137		List of destinations that the consumer may be "referred to" or be transferred after treatment has been completed, and/or discharged from services: 1=Private Practitioner; 2=Federally Qualified Health Home (FQHC); 3=Community Indigent Health Clinic; 4= Relinquishment of Custody (DFSP)-Child Adolescents Only; 5=Residential Treatment Placement; 6=Adult Criminal or Juvenile Justice System; 7=Different Center; 8=Nursing Home; 9=No Service; 10= Unknown; 11= Other Public Provider. Must be filled if a discharge.
PROG_CMPL	Alpha	1	139	139	"Successfully Completed CA Service Package 1,2, or 3" on form. Acceptable values are Y or N. (Default is N)
SECT1_DT	Num	8	140	147	"Assessment Date" in Section 1 on form. Format = YYYYMMDD. Can not be future dated
NBR_ARRESTS	Alpha	2	148	149	"Number of Arrests in the Last 90 Days" on form. Acceptable values are 0-99.
SCH_DAYS_MISS	Alpha	2	150	151	"School Days Missed in the Last 90 Days" on form. Acceptable values are 0-90.
RES_CAT	Alpha	1	152	152	"Primary Residence Type during the Last 90 Days" on form. Acceptable values are 1-9.
SECT2_DT	Num	8	153	160	"Assessment Date" in Section 2 on form. Format = YYYYMMDD. Can not be future dated
LOC_AUTH	Alpha	3	161	163	"Actual Level of Care Authorized (LOC-A)" score on form. Acceptable values are 0-9 (including 1.1,1.2, and 2.1-2.4).
RESRC_LIMITS	Alpha	1	164	164	"Resource Limitations" reason for deviation from LOC-R on form. Acceptable values: Y or N. (Default is N)
CONS_CHOICE	Alpha	1	165	165	"Consumer Choice" reason for deviation from LOC-R on form. Acceptable values: Y or N. (Default is N)
CLIN_OVERRIDE	Alpha	1	166	166	"Consumer Need" reason for deviation from LOC-R on form. Acceptable values: Y or N. (Default is N)
OTHER	Alpha	1	167	167	"Other" reason for deviation from LOC-R on form. Acceptable values: Y or N. (Default is N)
SECT3_DT	Num	8	168	175	"Authorization Date" in Section 3 on form. Format = YYYYMMDD. Can not be future dated
LOC_REC	Alpha	3	176	178	"Calculated Level of Care Recommendation (LOC-R)" on form. Enter 0, 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 3, 4, 6, or 9
ТСООММІ	Alpha	1	179	179	TCOOMI indicator. "Y" = Yes, N = No (Default is N)
ASSESSOR_SECT1	Alpha	25	180	204	The name of the person authorizing or performing the assessment in Section One.

Field	Char	Len	Begin	End	Comment/Decode
CRED_SECT1	Alpha	2	205	206	Credentials of the person authorizing or performing
0.125_02011	, uprice				assessment in Section One. Values 1 – 11. 1=QMH-
					CS; 2=RN; 3=LCSW; 4=LMSW-ACP; 5=LMFT; 6=LPC;
					7=LPHD-PSY; 8=RN-APN; 9=PA; 10=MD; 11=DO
ASSESSOR_SECT3	Alpha	25	207	231	The name of the person authorizing or performing the
					assessment in Section Three.
CRED_SECT3	Alpha	2	232	233	Credentials of the person authorizing or performing the
					assessment in Section Three. Valid values 1 – 11.
					1=QMH-CS; 2=RN; 3=LCSW; 4=LMSW-ACP;
					5=LMFT; 6=LPC; 7=LPHD-PSY; 8=RN-APN; 9=PA;
					10=MD; 11=DO
LOC_PROV_ID	Num	9	234	242	BHO Provider ID. Populated with only 6 characters left
					justified for NS clients.
APPEAL_FLG	Alpha	2	243	244	To be Determined once the Appeal screen
					programming is defined
DOC_NO	Num	18	245		Document number for internal use at Value.
VENDOR_NBR	Alpha	15	263	277	Internal identifier used by VO. Is actually only 9 digits.
					The number always leading alpha character.
ADMIN_DENY		1	278	278	Values are Y=Yes, N=No. (Default value = N) Use this
					field to designate that the UA was administratively
					denied by Value and took more than 30 days to
					process.
EXT_REV	Alpha	1	279	279	Extended review indicator. Acceptable values are Y or
					N. (Value will auto fill with N)
DIAG_QUAL	Alpha	1	280	280	I = Internalizing, E = Externalizing, N = Not Stabilized
	1				or Blank
SUBJ_FAIR_HEAR	Alpha	1	281	281	Subject to Medicaid Fair Hearing indicator. "Y" = Yes,
					Blank = No
NPI	Num	10	282	291	Provider's NPI
FILLER30		18	292	309	Filler
ERR_FLG	Alpha	1	310	310	A= record accepted, E = Error
ERR_CD1	Alpha	5	311	315	First five digit error code. Up to ten errors may be listed
_	'				on the record.
ERR_CD2	Alpha	5	316	320	Second five digit error code. Up to ten errors may be
					listed on the record.
ERR_CD3	Alpha	5	321	325	Third five digit error code. Up to ten errors may be
					listed on the record.
ERR_CD4	Alpha	5	326	330	Fourth five digit error code. Up to ten errors may be
					listed on the record.
ERR_CD5	Alpha	5	331	335	Fifth five digit error code. Up to ten errors may be listed
	1				on the record.
ERR_CD6	Alpha	5	336	340	Sixth five digit error code. Up to ten errors may be
	1				listed on the record.
ERR_CD7	Alpha	5	341	345	Seventh five digit error code. Up to ten errors may be
					listed on the record.

Field	Char	Len	Begin	End	Comment/Decode
ERR_CD8	Alpha	5	346	350	Eighth five digit error code. Up to ten errors may be
					listed on the record.
ERR_CD9	Alpha	5	351	355	Ninth five digit error code. Up to ten errors may be
					listed on the record.
ERR_CD10	Alpha	5	356	360	Tenth five digit error code. Up to ten errors may be
					listed on the record.